

# **ACCESS for INFANTS & MOTHERS (AIM)**

## ***WHAT SERVICES ARE OFFERED?***

Prenatal visits and hospital delivery.  
Full health care services during pregnancy and 60 days after.  
Full health care services for the baby born from the AIM-covered pregnancy  
(for the first 2 years).

## ***WHO CAN BE COVERED?***

Pregnant women (not more than 30 weeks at time of application).  
Baby resulting from the AIM-covered pregnancy (birth to 2 years old).  
Persons who qualify for *no-cost* Medi-Cal are NOT eligible.

## ***IS THERE AN INCOME LIMIT?***

Verified income between 200% and 300% of the Federal Poverty Level (FPL).

## ***IS THERE A PROPERTY LIMIT?***

No.

## ***CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?***

Yes, but only if the insurance does not cover maternity care *or* if there is a separate maternity deductible or copay over \$500.

## ***HOW MUCH DOES IT COST?***

2% of gross family income which can be paid over 12 months, and \$100 for the child's second year (or \$50 with an up-to-date immunization record).

## ***IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?***

No, but there must be 6 months California residency.

## ***WHERE TO APPLY?***

Call (213) 538-0755 -or- (800) 433-2611 for brochure.

# **CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM**

## ***WHAT SERVICES ARE OFFERED?***

**Diagnosis and treatment of CCS eligible conditions at CCS-approved hospitals, Special Care Centers (SCC) and the Medical Therapy Program (MTP).  
Provides medically necessary care and case management to infants, children, and adolescents meeting program eligibility requirements including hospitalization and in-home nursing services.**

## ***WHO CAN BE COVERED?***

**Children under 21 years of age who have serious medical and disabling conditions that are covered by CCS.**

## ***IS THERE AN INCOME LIMIT?***

**Family income less than \$40,000 (Adjusted Gross Income on State Tax Form) -OR  
If out-of-pocket medical expenses for the qualified child are expected to be more than 20% of family income.  
Services provided at a Medical-Therapy Unit (MTU) are exempt from financial eligibility requirements.**

## ***IS THERE A PROPERTY LIMIT?***

**No.**

## ***CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?***

**Yes.**

## ***HOW MUCH DOES IT COST?***

**Nothing.**

## ***IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?***

**Must be a permanent resident of California.**

## ***HOW TO APPLY?***

**Contact DHS Children Services Branch at (800) 288-4584 for referral and/or requests for services.**

# CALIFORNIAKIDS

## ***WHAT SERVICES ARE OFFERED?***

Basic preventive and primary health care services and 24-hour nurse access.  
Medical office visits, dental and vision care, mental health services.  
Prescription medicines. *No hospitalization or major surgeries.*  
This program *is not designed* for children who have a chronic medical need or require specialty or inpatient care.

## ***WHO CAN BE COVERED?***

Children ages 2 to 19 who are NOT ELIGIBLE for *full scope* no-cost Medi-Cal or Healthy Families. School-age children must be enrolled and attending school.  
NOTE: The focus of this program is on children who are not eligible for Medi-Cal or Healthy Families because of their immigration status.

## ***IS THERE AN INCOME LIMIT?***

Verified income between 200% and 300% of the Federal Poverty Level (FPL)  
-OR-  
Any income below 200% FPL if not eligible for *full scope* no-cost Medi-Cal or Healthy Families.

## ***IS THERE A PROPERTY LIMIT?***

No.

## ***CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?***

Yes, if the child is enrolled in CCS for specialty services or has private insurance with a very high deductible (\$2000 or more).

## ***HOW MUCH DOES IT COST?***

Premiums (share-of-cost) of \$20 to \$35 per month, per child, if family income is above 200% of the FPL. No premium costs for family's with income under 200% of the FPL.  
Co-payments of \$5 to \$15.  
A \$25 processing fee must be included with application for applicants with income of 200% FPL or over.

## ***IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?***

No.

## ***WHERE TO APPLY?***

Call 1 (800) 374-4KID (374-4543) for an application.

# **CHILD HEALTH & DISABILITY PREVENTION PROGRAM (CHDP)**

## ***WHAT SERVICES ARE OFFERED?***

**Regular complete health checkups and shots.  
Diagnosis and treatment including hospitalizations for conditions found during the health checkup.  
Prescription medicines.  
Based on age, entitled to 15 or more exams.**

## ***WHO CAN BE COVERED?***

**Medi-Cal participants under age 21.  
Children under age 19 in families with income under 200% Federal Poverty Level (FPL).  
Children enrolled in Head Start or State Preschool programs of Foster Care.**

## ***IS THERE AN INCOME LIMIT?***

**Up to 200% of the FPL.**

## ***IS THERE A PROPERTY LIMIT?***

**No.**

## ***CAN CHDP SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?***

**Sometimes. Ask the CHDP doctor.**

## ***HOW MUCH DOES IT COST?***

**No Cost.**

## ***IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?***

**No.**

## ***HOW TO OBTAIN SERVICES?***

**Call the Medi-Cal Managed Care provider or a CHDP approved doctor and *ask for a CHDP exam appointment.***

## ***WHERE TO CALL FOR MORE INFORMATION OR NAMES OF CHDP APPROVED DOCTORS?***

**Call 1 (800) 993-CHDP (993-2437).  
Long Beach residents call (562) 570-4226.  
Pasadena residents call (626) 744-6016.**

# HEALTHY FAMILIES

## ***WHAT SERVICES ARE OFFERED?***

Medical office visits, dental and vision care, necessary medical tests.  
Prescription medicines, some substance abuse services.  
Mental health services and *hospitalization*.

## ***WHO CAN BE COVERED?***

Children ages 1 up to age 19 NOT eligible for *no cost* Medi-Cal.  
(Includes emancipated minors and minors not living in the home of the responsible adult  
such as the parents, caretaker relatives and legal guardians) Infants under 1 year old  
whose household income is between 200% and 250% of the Federal Poverty Level (FPL).

## ***IS THERE AN INCOME LIMIT?***

Up to 250% of the FPL.

## ***IS THERE A PROPERTY LIMIT?***

No.

## ***CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?***

Yes, but NOT if the child is receiving employer sponsored health insurance or has received  
it in the previous three months *with some exceptions*.

## ***HOW MUCH DOES IT COST?***

Monthly premiums of \$4\* to \$9 per child, up to \$27 per family *and*  
Co-payments of \$5 for some services.

\*The Community Provider Plan (CPP) has the lowest cost premiums.  
Community Health Plan is currently the CPP for Los Angeles County.

## ***IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?***

Yes. Legal immigrant children who entered the United States *before* 8/22/96, can receive  
benefits with no time limits. Children who entered the United States *after* 8/22/96 can now  
receive benefits if otherwise eligible.

## ***WHERE TO APPLY?***

At various locations throughout the County or call 1 (888) 747-1222 for a Mail-In  
Application.

# **KAISER PERMANENTE CARES FOR KIDS**

(Child Health Plan)

## ***WHAT SERVICES ARE OFFERED?***

Comprehensive preventive care services, primary and specialty care.  
Medical office visits, vision care, and mental health services  
Prescription medicines and *hospitalization*.

## ***WHO CAN BE COVERED?***

Children ages 0 to 19 who are NOT eligible for Medi-Cal or Healthy Families  
**AND when at least one child in the household is enrolled in any public school.**

## ***IS THERE AN INCOME LIMIT?***

Verified income between 250% and 300% of the Federal Poverty Level (FPL).

## ***IS THERE A PROPERTY LIMIT?***

No.

## ***CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?***

No.

## ***HOW MUCH DOES IT COST?***

Co-payments of \$5 to \$10 for some services.  
Monthly premiums of \$35 per child to a maximum of 3 children.  
(No additional premium amount for families with more than 3 children.)

## ***IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?***

Children's Social Security Numbers are requested.

## ***WHERE TO APPLY?***

Call 1 (800) 255-5053 to receive information and enrollment packets.

# **WOMEN, INFANTS and CHILDREN (WIC)**

## **Supplemental Nutrition Program**

### ***WHAT SERVICES ARE OFFERED?***

Vouchers for healthy foods such as milk, juice, eggs, cheese, cereal.  
Support for breast-feeding mothers.  
Help finding health care and other community services.

### ***WHO CAN BE COVERED?***

Children under 5 years (who have nutritional, dietary or weight problems).  
Women who are pregnant, breast-feeding or new mothers.

### ***IS THERE AN INCOME LIMIT?***

Below 185% of Federal Poverty Level (FPL)  
OR  
Below 200% FPL *if receiving Medi-Cal.*

### ***IS THERE A PROPERTY LIMIT?***

No.

### ***CAN SERVICES BE RECEIVED IF THERE IS OTHER HEALTH INSURANCE?***

Yes.

### ***HOW MUCH DOES IT COST?***

No cost.

### ***IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?***

No, but must reside in the service area as determined by the US Department of Agriculture.

### ***WHERE TO APPLY?***

Call 1 (888) WIC-WORKS -or- 1 (888) 942-9675